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Atty Docket No. 02307U-132310US
NEOME-016A

PTO FAX NO.: 1-571-273-8300

Group Art Unit 3739

cc: ATTENTION: Examiner FARAH, AHMED M @ 1-571-272 -4765

OFFICIAL COMMUNICATION

CERTIFICATION OF FACSIMILE TRANSMISSION

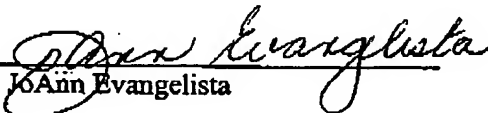
I hereby certify that the following documents in re Application of GEORGE BAERVELDT et al., Application No. 10/052,473, filed January 18, 2002 for MINIMALLY INVASIVE GLAUCOMA SURGICAL TREATMENT AND METHOD are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal (1 page)
2. RCE (Request for Continued Examination) (duplicate)
3. Amendment Accompanying RCE (6 pages)

Number of pages being transmitted, including this page: 10

Dated: September 26, 2005


JoAnn Evangelista

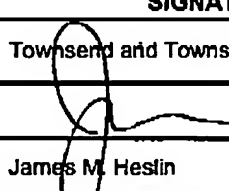
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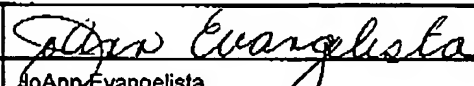
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/052,473	
	Filing Date	January 18, 2002	
	First Named Inventor	Baerveldt, George	
	Art Unit	3739	
	Examiner Name	FARAH, AHMED M	
Total Number of Pages In This Submission	10	Attorney Docket Number	02307U-132310US / NEOME-016A

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	James M. Heslin	
Date	September 26, 2005	Reg. No. 29,541

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on September 26, 2005.			
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